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**Promotion and protection of the rights of children**

# The girl child

## Report of the Secretary-General

*Summary*

The present report, submitted pursuant to the request of the General Assembly in its resolution 64/145, contains a brief overview of international obligations and commitments with respect to the girl child stemming from human rights treaties and international conferences, as well as legal and policy development. It assesses the negative impact on the girl child caused by poverty and the global economic crisis; violence, abuse and exploitation; gender disparities in education; lack of adequate water, sanitation and hygiene; nutrition; HIV/AIDS; health; disabilities; humanitarian crises; and participation, and highlights action taken to address child and forced marriage.

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# I. Introduction

1. The present report is submitted in accordance with the request of the General Assembly in its resolution 64/145, entitled "The girl child", that the Secretary-General submit a report to the Assembly at its sixty-sixth session on the implementation of the resolution, with a view to assessing its impact on the well-being of the girl child, with an emphasis on ending child and forced marriage. For the purpose of the preparation of the report, notes verbales requesting relevant information on the implementation of the resolution were sent to Member States[1] and United Nations agencies, funds and programmes and letters were sent to key non-governmental organizations (NGOs) working to promote the rights of girls.

2. The report follows up on the report submitted by the Secretary-General to the General Assembly at its sixty-fourth session (A/64/315), which included a focus on ending female genital mutilation. It provides an overview of: the existing legal and normative frameworks and international commitments with respect to the rights of the girl child (sect. II); the situation of the girl child in areas covered by resolution 64/145 (sect. III); and a detailed analysis of the practice of child and forced marriages (sect. IV). The report also highlights progress and achievements made to promote the rights of the girl child (sect. V) and recommendations for future action (sect. VI).

# II. Legal and normative framework and global commitments

## A. Human rights treaties and other international conventions

3. The fulfilment of the rights of girls is an obligation and a moral imperative which is reflected in international law. There is a comprehensive international legal framework establishing the obligations of States regarding the human rights of the girl child. In addition to the Convention on the Rights of the Child, which provides a comprehensive set of rights to be enjoyed "without discrimination of any kind", including discrimination on the grounds of sex, all fundamental human rights treaties include provisions confirming the principle of non-discrimination and equality between men and women, boys and girls. Of particular importance is the Convention on the Elimination of All Forms of Discrimination against Women, which, while focusing on women, has a direct bearing on the situation and well-being of the girl child. Furthermore, the Convention on the Rights of Persons with Disabilities, which entered into force in May 2008, includes specific language with respect to children (article 7). In addition, according to article 6 of that Convention, "States Parties recognize that women and girls with disabilities are subject to multiple discrimination, and in this regard shall take measures to ensure the full and equal enjoyment by them of all human rights and fundamental freedoms".

4. In addition to the human rights treaties, legal obligations stem from legally binding labour law instruments, including the 1973 Minimum Age Convention (No. 138) and the 1999 Worst Forms of Child Labour Convention (No. 182) of the

[1] The following States submitted information which has informed the content of the report: Argentina, Belgium, Djibouti, El Salvador, Finland, Indonesia, Italy, Jamaica, Japan, Malta, Namibia, Nicaragua, Oman, Peru, Qatar, Slovakia, Spain, Sweden and the United States of America.

International Labour Organization (ILO). This legal framework for the rights of children in general, and for the rights of girls in particular, is further strengthened by regional human rights instruments, including the 2005 Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa.

5. Normative developments during the reporting period include the adoption by the Committee on the Rights of the Child of its general comment No. 13 (2011) on the right of the child to freedom from all forms of violence, elaborating on article 19 of the Convention on the Rights of the Child. The general comment analyses the gender dimensions of violence against children and recommends that: "States Parties should ensure that policies and measures take into account the different risks facing girls and boys in respect of various forms of violence in various settings". It further calls on States to address all forms of gender discrimination as part of a comprehensive violence-prevention strategy, including addressing gender stereotypes, power imbalances, inequalities and discrimination which support and perpetuate the use of violence and coercion in the home, in school and educational settings, in communities, in the workplace, in institutions and in society at large. "Men and boys", it asserts, "must be actively encouraged as strategic partners and allies, and, along with women and girls, must be provided with opportunities to increase their respect for one another and their understanding of how to stop gender discrimination and its violent manifestations" (CRC/C/GC/13, para. 72 (b)).

## B. International conferences, intergovernmental bodies and related commitments

6. In addition to ratifying international legally binding instruments, Member States have also made far-reaching commitments to eliminate discrimination against the girl child in the context of world conferences and other international forums. The United Nations Fourth World Conference on Women, held in Beijing in 1995, was the first such conference to include a specific segment on the girl child. The Beijing Platform of Action[2] included strategic objectives on issues ranging from the elimination of all forms of discrimination against the girl child and negative cultural attitudes and practices against girls to the promotion and protection of the rights of the girl child in the areas of education, health and nutrition, child labour, violence and participation in economic and political life.

7. In its resolution 64/145, the General Assembly reaffirmed other outcomes of major United Nations summits and conferences relevant to the girl child, including: the outcome of the twenty-third special session of the General Assembly, entitled "Women 2000: gender equality, development and peace for the twenty-first century";[3] the Programme of Action of the International Conference on Population and Development;[4] the Programme of Action of the World Summit for Social Development;[5] and the declaration adopted by the Commission on the Status of

[2] *Report of the Fourth World Conference on Women, Beijing, 4-15 September 1995* (United Nations publication, Sales No. E.96.IV.13), chapter I, resolution 1, annex II.

[3] Resolution S-23/2, annex, and resolution S-23/3, annex.

[4] *Report of the International Conference on Population and Development, Cairo, 5-13 September 1994* (United Nations publication, Sales No. E.95.XIII.18), chapter I, resolution 1, annex.

[5] *Report of the World Summit for Social Development, Copenhagen, 6-12 March 1995* (United Nations publication, Sales No. E.96.IV.8), chapter I, resolution 1, annex II.

Women at its forty-ninth session,[6] as well as the agreed conclusions adopted by the Commission at its fifty-first session, at which it considered as its priority theme "The elimination of all forms of discrimination and violence against the girl child".[7]

8. At its 16th session, the Human Rights Council considered the joint report of the Special Rapporteur on the sale of children, child prostitution and child pornography and the Special Representative of the Secretary-General on Violence against Children (A/HRC/16/56). The report focused on effective and child-sensitive counselling and complaint and reporting mechanisms to which children can safely report incidents of violence, including sexual violence and exploitation. The report noted that the non-governmental organization Child Helpline International, in its 2010 report on violence against children, had recorded more than 250,000 incideats of violence and abuse from the 62 help lines contributing to its survey. Most complaints concerned children between the ages of 10 and 15, in particular girls. Physical abuse and bullying were most frequently reported, followed by neglect, sexual abuse and emotional violence. The report also acknowledged that girls remain the main victims of sexual violence in armed conflict.

9. Following a panel discussion held at the same session of the Human Rights Council, on the protection and promotion of the rights of children living and/or working on the street, the Council, expressing deep concern about the situation of girls and boys working and/or living on the street worldwide and the negative impact this has on the full enjoyment of their rights and their development, strongly condemned violations of the rights of those children, including gender-based violence, and urged States to ensure a holistic rights-based and gender-responsive approach to address this phenomenon (see Human Rights Council resolution 16/12).

# III. Discrimination and the situation of the girl child

## A. Poverty and the impact of the global economic crisis

10. Globally, over 8 million children die before the age of 5, of whom over 5.7 million die before the age of 1.[8] Poverty acutely affects the lives of children, threatening their survival and development, and their rights to health, adequate food and nutrition and education. It also has a negative impact on their rights to participation and to protection from violence, harm and exploitation. Moreover, girls not only suffer from the effects of poverty and disease, but also from other factors, including: social and cultural norms that reinforce gender inequality; discrimination on the basis of their ethnicity; and social, geographical and income inequities, which may compound the gender discrimination they face. They are therefore extremely vulnerable to further deprivation and marginalization.

11. The global economic crisis, which began in 2008, has exacerbated the impact of poverty on children, and the magnitude of the poverty that many of them face. During crises, age-specific and gender-based vulnerabilities are compounded: women and youth may be the first to lose their jobs or be underemployed; households may be forced to reduce spending, thus affecting the nutritional intake

[6] E/2005/27 and Corr.1, chap. I.A.

[7] E/2007/27, chap. I.A.

[8] See www.childinfo.org/mortality.html.

of children; and children may have to drop out of school to help their families seek additional income.[9] Recent estimates suggest that 30,000 to 50,000 more infant deaths, the majority of them girls, could have occurred in sub-Saharan Africa because of the crisis.[10]

12. Although the global economy is now showing signs of recovery, and global gross domestic product (GDP) growth rates have rebounded considerably since 2009, girls and women are still vulnerable to many of the lingering effects of the crisis. Recent surges in food prices may also negatively affect girls. The Food and Agriculture Organization of the United Nations (FAO) Food Price Index, which measures the international price of food for a common basket of food commodities, has surged in recent months, averaging 234 points in June 2011, just below record highs in February and 39 per cent higher than in June 2010.[11] Domestic food prices have also remained alarmingly high since the previous spike in food prices in 2008.[12] Recent estimates suggest that, because of the recent food price hikes, approximately 44 million people have been pushed into poverty.[13]

13. As Governments move to address mounting fiscal deficits, there is concern that spending in key areas that affect the well-being of girls could be cut. Furthermore, where contractions in public spending on health and education occur, the cost burden often shifts to households, in particular to women and girls. When household income falls, women often have no choice but to take on low-status and temporary jobs, in addition to their other responsibilities, and girls may face disparities in how food is distributed within the household.[3]

## B. Violence, abuse and exploitation

14. For millions of girls and women worldwide, violence is a part of their daily lives, at home, at school, in care and justice institutions, at their workplace and in their community. This is the case in every country, both developed and developing.

15. Data suggest that 150 million girls under the age of 18 have experienced some form of sexual violence,[14] and more than 70 million girls and women between the ages of 15 and 49 in 29 countries have undergone female genital mutilation/cutting.[15] Evidence from many areas of sub-Saharan Africa shows that female circumcision can lead to severe and chronic disabling pelvic and urinary tract

[9] Caroline Harper, Nicola Jones, Andy McKay and Jessica Espey, "Children in times of economic crisis: Past lessons, future policies", background note, Overseas Development Institute, March 2009.

[10] See Jed Friedman and Norbert Schady, "How Many More Infants are Likely to Die in Africa as a Result of the Global Financial Crisis?", World Bank, 2009.

[11] FAO Food Price Index (www.fao.org/worldfoodsituation/wfs-home/foodpricesindex/en/). (Report released 7 July 2011)

[12] Isabel Ortiz, Jingqing Chai and Matthew Cummins, "Escalating food prices: The threat to poor households and policies to safeguard a recovery for all", Social and Economic Policy Working Paper, UNICEF, 2011.

[13] Food Price Watch (http://www.worldbank.org/foodcrisis/food_price_watch_report_feb2011.html), World Bank.

[14] See Paulo Sérgio Pinheiro, *World Report on Violence against Children*, United Nations, 2006 (http://www.violencestudy.org).

[15] See *The State of the World's Children 2011, Adolescence — An Age of Opportunity*, UNICEF (United Nations publication, Sales No. E.11.XX.1).

problems and mobility impairment and can place girls at increased risk for a number of infectious diseases, including HIV.[16] However, data in this field is limited, and violence against girls and women is under-recognized and underreported or unrecorded because of stigma, fear, social tolerance and the often illegal and covert nature of such activities.

16. Girls often carry the triple burden of housework, schoolwork and work outside the home, paid or unpaid. Such burdens, in particular hours spent on unrecognized work within the household, significantly reduce their school achievement and completion rates and increase the likelihood that they, and their children, will continue the cycle of child labour.[17]

## C. Gender disparities in education

17. Increased enrolments in the last decade have ensured that the gender gap in the out-of-school population at the primary education level has narrowed: girls of primary school age who are out of school decreased from 57 per cent in 1998 to 53 per cent in 2008. However, nearly 36 million at the primary level and over 39 million girls at the lower secondary level remain out of school. Progress has been uneven and aggregate figures often mask large variations among countries and regions. The number of out-of-school girls is much larger in South and West Asia and in sub-Saharan Africa.[18]

18. Along with gender, factors such as poverty, ethnicity and household location also increase the likelihood of a child being out of school. In developing regions overall, girls in the poorest 20 per cent of households are 3.5 times more likely to be out of school than girls in the richest households and four times more likely to be out of school than boys from the richest households.[19]

## D. Lack of access to water, sanitation and hygiene facilities

19. Girls, more often than boys, bear the responsibility of collecting water. Data from 45 developing countries indicate that girls under 15 years of age are twice as likely to bear this responsibility as boys in the same age group. The ratio increases as girls move into womanhood, with women being responsible for collecting water in almost two thirds of households. In some cases, girls have to walk great distances to collect water, increasing their workload and affecting their health and their ability to spend time on their education. In addition, collection and exposure to unsafe water can take a physical toll.[20]

20. In addition, girls, particularly adolescent girls, may be at risk of sexual harassment or rape at wells or other water points as well as in school toilets,

[16] Nora Groce, "Girls and women with disability: A global overview", *One in Ten*, vol. 17 (1997).

[17] See *Joining forces against child labour: Inter-agency report for The Hague Global Child Labour Conference of 2010*, ILO and Understanding Children's Work, May 2010.

[18] See *Education for All (EFA) Global Monitoring Report 2011: The hidden crisis: Armed conflict and education*, UNESCO, 2011.

[19] See *The Millennium Development Goals Report 2010*, United Nations, 2010. Figures are based on household survey data from 42 countries.

[20] See *Progress on Sanitation and Drinking-Water (2010 update)*, WHO and UNICEF, 2010.

especially those that are located outside the protective environment of the school. In humanitarian crises, problems facing girls in terms of access to water, sanitation and hygienic practices are even more acute.

## E. Inadequate nutrition services and prevalence of anaemia

21. There are negligible gender disparities at the global level in nutrition outcome indicators relating to girls and boys under 5 years of age. In general, however, the inadequacy of nutrition services (in terms of the coverage of nutrition programmes and quality/availability of food and supplies) has a disproportionately negative impact on women and girls. This is because of the higher nutritional needs of women and adolescent girls, the cultural barriers that prevent them from travelling far distances to reach services and lack of time owing to their workload. In addition, studies and analyses have found a significant association between low maternal literacy and poor nutritional status of young children.[21]

22. It is notable that anaemia (two thirds of the cases of anaemia are due to iron deficiency), which is highly prevalent among adolescent girls and women in developing countries, increases the risk of maternal death. The high rates of anaemia among girls and women are related to the loss of iron they experience, especially during adolescence, owing to menstruation and pregnancy.

## F. HIV and AIDS: the disproportionately high risk

23. Young women and adolescent girls continue to face a disproportionately high risk of infection due to biological vulnerability, social inequality and exclusion. Nearly 78 per cent of all young people living with HIV in the 15- to 24-year-old age group are from sub-Saharan Africa; most of them are female and are not aware of their HIV status. Over 60 per cent of all adolescents living with HIV in the 10- to 19-year-old age group are girls.[22]

24. Globally (excluding China), 11 per cent of adolescent girls have had sex before age 15, and adolescent girls under age 20 account for about 15 million births every year.[23] Early experiences with sex and drugs are key factors associated with the risk to adolescent girls for contracting HIV. These behaviours reflect problems in the environment of adolescent girls and are the result of multiple failures in protection and care, possibly associated with violence, exploitation, abuse and neglect.

25. Social and income inequality and inadequate knowledge about sexuality and HIV underlie other behaviours that exacerbate the risk for HIV infection, including sex with multiple partners and age-disparate relationships. Young women and adolescent girls are often compelled to be in relationships with older partners as a survival strategy for money, food, protection or other social or material gain. Their

[21] See Jane E. Miller and Yana V. Rodgers, "Mother's Education and Children's Nutritional Status: New Evidence from Cambodia", *Asian Development Review*, vol. 26, No. 1 (2009).

[22] See *Opportunity in Crisis: Preventing HIV from early adolescence to young adulthood*, UNICEF, June 2011 (United Nations publication, Sales No. E.11.XX.5).

[23] James E. Rosen, "Position paper on mainstreaming adolescent pregnancy in efforts to make pregnancy safer", WHO, 2010 (WHO/MPS/10.03).

risk of infection is heightened by laws, policies and practices that restrict the access of adolescent girls to condoms, HIV testing and accurate, comprehensive sex education. Intimate partner violence, which often occurs with the knowledge of families and communities, also limits the ability of young women and girls to make effective choices for the prevention of HIV and further adds to the risk of contracting the virus.

## G. Adolescent health

26. While under-five mortality tends to be higher for boys than for girls because girls have certain biological and genetic advantages, gender inequality results in girls having to confront greater health risks in adolescence.[24] Early pregnancy and childbirth are among the leading causes of death worldwide for adolescent girls between the ages of 15 and 19. At this stage of their lives, girls tend to be at greater risk than boys of negative health outcomes, including depression, and these risks are often magnified by gender-based discrimination and abuse. Girls are particularly prone to eating disorders such as anorexia and bulimia, and this vulnerability derives in part from profound anxieties over body image, fuelled by cultural and media stereotypes of feminine beauty.[15]

## H. Disabilities: stigma and marginalization

27. Girls with disabilities not only face the same social stigma and marginalization that boys with disabilities encounter, they face additional discrimination because of their sex. In addition to suffering from marginalization within the family, the community, at school and in wider social circles, which may lead to poor health and education outcomes, girls with disabilities are often at greater risk of violence, injury, abuse, neglect or negligent treatment, maltreatment and exploitation.[25] Furthermore, girls with disabilities may be subjected to forced sterilization or abortion.[26]

## I. Humanitarian crises

28. During humanitarian crises, including armed conflict and natural disasters, girls are exposed to a dramatic increase in rights violations as a result of the greater instability and insecurity that ensue, including the related breakdown of formal and informal protection mechanisms. The consequences of humanitarian crises are highly gendered and may be shaped by pre-existing gender inequalities that can exacerbate negative impact for girls. In emergencies, girls, in particular adolescent girls, are vulnerable to rape and sexual exploitation at the hands of fighting forces, community members, humanitarian workers and uniformed personnel. In the context of armed conflict, girls may be abducted or recruited into armed forces or groups. Reports of girls engaging in transactional sex for aid or selling sex to meet their own needs or those of their families are frequent. Such activity increases their

[24] See *Progress for Children: Achieving the Millennium Development Goals with Equity (No. 9)*, UNICEF, 2010.

[25] See resolution 61/106.

[26] E/CN.4/Sub.2/1991/31, para. 34 (United Nations publication, Sales No. E.92.XIV.4).

vulnerability to sexual exploitation and abuse, HIV/sexually transmitted infections and unwanted pregnancies. Girl survivors of sexual violence and other forms of gender-based violence suffer mental health and psychosocial problems, severe social stigmatization and exclusion.

29. Crisis-affected girls are less likely than boys to be enrolled in school or to have access to early education; they also have limited access to sexual and reproductive health services. In cultures where boys are more valued than girls, boys may be given priority by families and community members in distribution of aid. Increased poverty resulting from crisis may also drive parents to push their daughters into child marriage (as a coping mechanism) in some cases. Girls who, along with women, traditionally take on the majority of household chores, often shoulder an increased workload during crises to support their families in the face of diminished social services. This adds to their daily burden, leaving less time for school and other activities.

### J. Lack of participation opportunities

30. The fulfilment of article 12 of the Convention on the Rights of the Child, which states that "States Parties shall assume to the child who is capable of forming his or her own views the right to express those views freely in all matters" affecting him or her, poses profound challenges for Governments in most regions of the world. Traditionally, children have not been deemed to have the experience, knowledge or understanding necessary to be directly involved in contributing to major decisions affecting their lives. Social and cultural patterns of conduct within the family typically present further barriers to the ability of girls and women to claim their rights. Increasingly, youth service programmes are creating spaces for the participation of young people. However, the proportion of girls, in particular those who are out of school and disadvantaged, in typical peer clubs and youth programmes is often very low. Many communities also lack strong female leaders to serve as role models and opportunities for girls and women to establish networks and realize their right to participation.

## IV. Ending child and forced marriages

31. Marriage of a girl or boy before the age of 18 is recognized in international legal instruments to be a violation of the child's human rights.[27] Even if the child consents to it, child marriage is an outcome of prevailing social norms whereby children are expected to marry as children. It can therefore be considered forced marriage. In some cases, child marriage is referred to as early marriage; however, this terminology is equivocal because it is relative in nature. For example, it could also apply to the promotion of marriage at an earlier age in countries where the average age of marriage is over 30 years.

[27] Convention on the Elimination of All Forms of Discrimination against Women, article 16, para. 2; Committee on the Elimination of Discrimination against Women, general recommendation No. 21 (1994), Equality in marriage and family relations; Convention on the Rights of the Child, general comment No. 4 (2003), Adolescent health and development in the context of the Convention on the Rights of the Child.

32. Child marriage is the result of the interplay of economic and social forces, forces which are particularly strong with respect to the marriage of girls. The cost of marriage for families tends to be lower if the children are younger, both because they leave the care of their parents and because younger girls tend to require a lower dowry. These social forces are manifested by the social approval that families enjoy if they are seen to uphold tradition, safeguard the chastity of their girls, protect the honour of the family and minimize the risk of girls bearing children out of wedlock. Failure to abide by social norms is met with social disapproval, which may even entail violence against the girl or members of the family.

33. A review conducted by the United Nations Children's Fund (UNICEF) in 2010 using data from the latest demographic and health surveys and multiple indicator cluster surveys shows that about a third of women in the developing world who are currently 20 to 24 years old were married before the age of 18. It also indicates that, overall, the prevalence of child marriage has been decreasing, albeit slowly. While 48 per cent of women in the developing countries between 45 and 49 years of age were married before reaching 18 years of age, the proportion drops to 35 per cent for women between the ages of 20 and 24.[24,28]

34. Data also indicate significant inequities. Child marriage is strongly associated with girls who have received little formal education. Decreases in the practice have occurred almost exclusively among households in the highest income quintile, while prevalence among the households in the lowest income quintile has remained almost unchanged. Data substantiate the perception that child marriage is motivated in part by economic factors and although it is necessary to address those factors, such actions alone will not be sufficient to bring about an end to the practice.

35. In communities where the practice is prevalent, marrying a girl as a child is part of a cluster of gender norms and attitudes that reflect the low value accorded to the human rights of girls. These norms include: early and continuous childbearing, with negative consequences on the health of both the mother and her children; dowry or bride price whereby girls are considered an economic asset; giving preference to the education of boys over that of girls; having girls eat after the men and boys in the household, with potential negative effects on the overall health and nutritional status of girls; and the general expectation that girls should be subservient to men, which infringes on their right to participation.

36. Where child marriage is prevalent, adolescent girls become brides, get pregnant and have children before they are physically, emotionally and socially ready to be mothers. Approximately 15 million adolescent girls, the majority of whom are married, give birth each year.[23] Most of them lack awareness of their rights and of health-care services, including reproductive health. As a result, they face significant risks during pregnancy, including obstetric fistula and death. Girls between 10 and 14 years of age are five times more likely than women aged 20 to 24 to die in pregnancy and childbirth.[29] Because they start childbearing early, adolescent girls are likely to have more children and at shorter intervals, putting them at higher risk of maternal death and disability. As a result, their life options are also constrained by reduced opportunities to complete their education, gain comprehensive health knowledge, participate in the community or develop

[28] Figures are for paragraph 33 and the following paragraphs.

[29] See "Giving Girls Today and Tomorrow: Breaking the Cycle of Adolescent Pregnancy", United Nations Population Fund, 2007 (see http://www.unfpa.org).

employable skills. Child marriage also exposes young married girls to greater risk of HIV and sexually transmitted infections, as they lack the power to refuse unwanted and unprotected sexual intercourse with older husbands. There are also negative consequences for the next generation: stillbirths and death are 50 per cent more likely for babies born to mothers younger than 20 years than among babies born to mothers of between 20 to 29 years of age.[30]

37. Progress towards the goal of ending child marriage is of crucial importance for achieving the Millennium Development Goals. It will also contribute to the implementation of the Convention on the Rights of the Child and the Convention on the Elimination of All Forms of Discrimination against Women and will respond to the recommendations of the 2006 report of the Secretary-General on violence against children.[14]

38. Country experience shows that ending child marriage requires an approach that includes Government commitment through the enactment of appropriate legislation as well as support to communities to enable them to find better alternatives. While necessary, in contexts where social support for child marriage is high, legislation that bans the practice is very difficult to enforce. Nonetheless, legal measures and communications strategies can be used to diminish support for the practice and, as social acceptance begins to wane, to provide legitimacy and support to those who are moving to end the practice.

39. Several countries are enacting legislation setting the minimum age of marriage at 18, in accordance with general comment No. 4 of the Committee on the Rights of the Child, while others are increasing the minimum age of marriage to 18 and eliminating differences in the legal age between boys and girls. In 2009, Eritrea revised its Civil and Penal Code to increase the minimum age of marriage to 18 for both boys and girls, ensure that marriage is consensual and equal and limit bride price and dowry. In Malawi, the law is being redrafted to increase the legal age of marriage from 16 years of age. In other countries, including Mali and Yemen, the issue is a topic of debate, with proposals for setting or increasing the legal age of marriage under discussion.

40. Ending child marriage requires support for community discussions to collectively explore alternatives to the practice.[31] Such discussions need to be respectful of the desire of families to uphold tradition while simultaneously exposing the harm associated with the practice and reinforcing human rights principles. Information can be provided through credible sources, including medical personnel and religious leaders, and a greater voice can be given to girls themselves ensuring consistency of message throughout the community. The strong engagement of men and boys is also needed. Such awareness-raising actions have been reported from countries in various regions.

41. Comprehensive policies and programmes on child marriage address the needs of adolescents who are already married while supporting actions to end the practice. They provide viable alternatives and institutional support, especially expanded educational opportunities for girls, including for those who are already married or

[30] See Miriam Temin and Ruth Levine, *Start with a Girl: A New Agenda for Global Health*, Center for Global Development, 2009.

[31] See "Child Protection Meta-Evaluation", final report, UNICEF, 15 May 2008 (see http://www.unicef.org).

pregnant. Countries are increasing physical access to education by establishing safe residential facilities, increasing financial incentives to families, promoting the empowerment of girls, improving educational quality and ensuring safe and hygienic conditions in schools. In some countries, such as Djibouti, legal measures have been taken to make school attendance mandatory up to 16 years of age.

42. Despite its widespread practice, child marriage has historically received limited attention, although there are increased efforts among a range of partners, notably non-governmental organizations, the United Nations Population Fund (UNFPA) and UNICEF. The latter two entities have stepped up their advocacy and programme support to countries, including through the United Nations Inter-agency Task Force on Adolescent Girls. In addition, the Committee on the Elimination of Discrimination against Women and the Committee on the Rights of the Child are in the process of drafting a joint general comment/recommendation on harmful practices, which will update the guidance provided to States parties on child marriage. Development cooperation agencies such as USAID are also increasing attention to the issue of ending child and forced marriage.

43. Experience in countries as diverse as Bangladesh, Burkina Faso, Djibouti, Ethiopia, India, Niger, Senegal, Somalia and Sweden indicates that combining legal measures with support to communities, providing viable alternatives and enabling them to discuss and reach the explicit, collective decision to end child marriage yields positive results. In addition, there have been many encouraging outcomes from the efforts of national and local civil society organizations. Other countries have also made progress on some of the elements needed to end child marriage. For example, Belgium, Nicaragua and Slovakia report strengthening the legislative framework banning child marriage. In other countries, however, ending child marriage is given a low priority despite the fact that the practice infringes on the rights of a high proportion of adolescent girls and a proportion, albeit smaller, of adolescent boys.

44. If current trends continue, as many as 100 million girls could be married during the next decade.[32] However, with the available knowledge and experience and increased action by States in enhanced partnerships with civil society, the majority of girls and boys could delay marriage and realize much more of their potential, to the benefit of the entire community.

## V. Progress and achievements

45. Progress has been made in a number of areas with respect to the promotion of the rights of girls and the implementation of General Assembly resolution 64/145. Some key achievements are highlighted below.

### A. Strengthened legislation and commitment

46. National legislation addressing violence against women and girls is being systematically improved across the world. Numerous States have adopted laws and policies, including specific action plans and strategies, to address the multiple forms

[32] Fact Sheet, United Nations Inter-agency Task Force on Adolescent Girls, 3 March 2009.

of violence against girls, including human trafficking, sexual violence and exploitation, female genital mutilation/cutting and child marriage. In addition, the institutional response to violence and exploitation has been strengthened in some countries through intersectoral coordination and capacity-building in the social welfare, justice, education and health sectors.

47. Owing in part to the global campaign, launched in May 2010, for the universal ratification of the Optional Protocols to the Convention on the Rights of the Child on the sale of children, child prostitution and child pornography and on the involvement of children in armed conflict, approximately 75 per cent of all Member States have now ratified both Optional Protocols and are working to implement their provisions. A number of countries have already passed some form of legislation to stop child pornography.

48. The Convention Concerning Decent Work for Domestic Workers, adopted by ILO in June 2011, establishes a set of international standards aimed at improving the working conditions of tens of millions of domestic workers worldwide, including children, of whom 90 per cent are estimated to be girls.[15]

49. The international response to protecting girls affected by conflict has been strengthened by the adoption of Security Council resolution 1882 (2009) on children and armed conflict, which expands the monitoring and reporting mechanism to include sexual violence in armed conflict, resolution 1888 (2009) and resolution 1960 (2010) on prevention and protection from conflict-related sexual violence, which establish strengthened mechanisms to hold perpetrators to account, and resolution 1889 (2009) on women and peace and security, which calls for a set of global indicators to better monitor the inclusion of girls and women in peacebuilding, to meet their security needs and to provide basic services.

## B. Joint initiatives

50. With the support of UNFPA and UNICEF, 15 African countries have adopted a common approach to ending harmful practices. The approach includes the promotion of laws and community programmes, large-scale community discussion sessions based on human rights principles and community and district-wide public declarations for the abandonment of female genital mutilation/cutting.

51. Many Governments are also carrying out multisectoral initiatives to provide support to girls and women and to address violence against girls in the home, schools, communities and the workplace. Within the context of the Council of Europe Convention on the Protection of Children against Sexual Exploitation and Sexual Abuse, which entered into force on 1 July 2010, countries are combining systemic interventions with awareness-raising and direct support to girls and women experiencing violence, including establishing child help lines and making information on preventive and protective measures available to communities.

52. The United Nations Girls' Education Initiative, launched in 2000 at the World Education Forum, continues to play a significant role in keeping the spotlight on the education of the girl child. The initiative brings together diverse stakeholders, Governments, civil society organizations, bilateral aid agencies, the private sector and the United Nations system, to work to ensure the right to free and compulsory

education and gender equality. The partnership is currently operational in 47 countries in Africa and Asia.

53. The United Nations Inter-agency Task Force on Adolescent Girls, co-chaired by UNFPA and UNICEF, and including ILO, the United Nations Educational, Scientific and Cultural Organization (UNESCO), the Office of the United Nations High Commissioner for Refugees (UNHCR), UN-Women and the World Health Organization (WHO), provides a platform for collective action for the most marginalized adolescent girls. Work is under way with Governments and their partners to develop comprehensive programmes in Ethiopia, Guatemala, Malawi, Liberia, the United Republic of Tanzania and other countries.

54. The humanitarian community has increasingly invested in ensuring that inter-agency coordination mechanisms respond to the distinct needs of girls, as well as boys, women and men. In 2010, new inter-agency tools and guidelines were developed to help humanitarian actors better respond to the distinct needs and rights of girls affected by crisis situations. They include: the Inter-Agency Network for Education in Emergencies "Pocket Guide to Gender" (2010), which provides concrete examples of how to promote girls' education in emergency situations; the "Handbook for Coordinating Gender-based Violence Interventions in Humanitarian Settings" (2010), which provides guidance on leadership roles, key responsibilities and specific actions to be taken; and the *Adolescent Sexual Reproductive Health Toolkit for Humanitarian Settings* (2010), which addresses the special needs of adolescents in humanitarian crises, with special attention to the particular vulnerabilities of girls and those most marginalized, such as indigenous groups, migrants and persons with disabilities.

## C. Improved access to, and quality of, education

55. Since the launch of the "Education for All" initiative in 1990, a number of interventions across developing countries have successfully accelerated school enrolment and school completion rates for girls. For example, the elimination of user fees and the provision of stipends and cash transfers to girls has led to greater demand for education, inter alia, in Bangladesh, El Salvador, Mexico and Kenya. In Namibia, efforts have focused on addressing cultural and social norms that impede girls' education through the adoption of a policy allowing teenage mothers to return to school after they have their babies. In addition, the Government has launched a national "zero-tolerance" campaign for gender-based violence and efforts have been made to build the capacity of administrators across all sectors to handle cases of gender-based violence, as well as that of media professionals reporting on the issue.

56. Several Member States and United Nations organizations, including UNICEF, FAO, UNESCO and the United Nations Relief and Works Agency for Palestine Refugees in the Near East (UNRWA), are supporting girls' transition to secondary education and advocating for vocational education training opportunities for adolescent girls, based on their specific needs and contexts. The World Food Programme (WFP) has been providing take-home rations as an incentive to enrol and keep girls in school. In addition to improved access, efforts are also being made to improve girls' experience of schooling and the quality of education they receive by ensuring that schools are child-friendly and gender-responsive and that they promote human rights education.

57. Countries such as El Salvador and Nicaragua are integrating human rights and life skills education, including reproductive health issues, into school curricula in order to equip adolescent girls with appropriate knowledge. In Madagascar, the United Nations Democracy Fund supports organizations such as the scouts and youth environmental clubs to promote an appreciation among children and youth of gender equality and human rights. In Ghana, UNICEF supports a children's radio broadcasting network known as "Curious Minds" to serve as a knowledge platform for the exchange of ideas and dissemination of laws affecting children in general. Such networks have served as useful channels for publicizing information on girls' education, protection from traditional practices and teenage pregnancy.

58. Additional measures have been taken to recruit qualified female teachers and build the capacity of teachers and educational administrators to address gender issues. In Malta and Sweden, for example, policymakers, teachers and students are sensitized to the need for greater gender equality in career choices, with a focus on increased participation of girls in mathematics and science.

## D. Improved health services

59. Health services for girls have been strengthened in many parts of the world. For example, in Djibouti, confidential family planning services are provided and women and girls are at the centre of the national strategic plan on HIV/AIDS for 2008-2012. In Bangladesh, the use of the integrated management of childhood illness and the training of community health workers have helped reduce gender disparities in immunization coverage. UNRWA health programmes provide paediatric preventive and curative services for Palestinian refugees, including through schools, while raising awareness on ending child marriage and the prevention of gender-based violence.

## E. Girls' participation

60. Initiatives have been undertaken to promote the empowerment of girls by creating opportunities for their participation, developing their leadership skills, informing them about their rights and helping them build the skills to exercise those rights. In Jamaica, a child symposium and gender training workshops, the latter organized by the Bureau of Women's Affairs, were held to inform girls and boys about their rights and raise awareness of gender-based violence and sexual and reproductive health. In Chile, UN-Women supported a study, developed by 40 young women, on violence against young women in marriage and other relationships. The results of the study will be used for advocacy with Parliamentarians.

61. In Cameroon, an initiative was set up, with UNICEF support, to develop young people's leadership skills by creating youth municipal councils. The initiative has resulted in the establishment of 21 such councils, of which 17 are headed by adolescent girls. Girls make up half the membership of the councils, compared to only 6 per cent of national councils being led by female mayors. The youth mayors and their councillors advocate youth participation in decision-making within their communities. UNFPA is working to empower young girls in Guatemala, Malawi and Ethiopia by promoting safe spaces, building leadership skills and supporting life

skills education activities with a focus on sexual and reproductive health. These programmes are also being managed by youth leaders.

### F. Mitigation of the impact of the global economic crisis

62. Special measures have been taken to mitigate the impact of the economic crisis on girls and women. Successful examples include maintaining necessary social sector expenditures and implementing social protection policies to help ensure their rights to health care, education and maternal health services. A recent study found that in 35 countries an estimated 25 per cent of stimulus spending, amounting to $653 billion, went to social protection measures.[33] It is important to ensure that these measures are not cut back as part of austerity programmes to curb public-sector spending. Moreover, transformative social protection measures, including anti-discrimination policies and legislation reform, have the potential to address social vulnerabilities, ensuring equitable access to services by girls and boys.

## VI. Recommendations

63. While progress has been made, as the above examples demonstrate, such efforts must be built upon and expanded. This requires decisive action by Governments, supported by development agencies, non-governmental organizations and civil society, with the active engagement of girls and boys, men and women.

### A. Empower girls

64. Girls' participation and empowerment should be further promoted as called for by the Commission on the Status of Women, the Committee on the Rights of the Child and other bodies.[34] It is important to recognize girls as key actors in achieving both gender equality and their own empowerment. Programmes to develop their leadership skills should be supported as part of school curricula, or through other means, such as girls-only clubs or as part of broader skills training programmes. The involvement of girls in the design and delivery of development programmes intended to reach them should also be promoted. Efforts must also ensure that the perspectives of girls, including adolescent girls, are included in discussions about humanitarian preparedness, response and recovery, institutionalizing opportunities for them to speak about their distinct concerns and formulating recommendations on how to address them.

65. Girls cannot exercise their rights unless they have access to information in a form that they can use and understand. Social networks and safe spaces for girls can facilitate their access to essential information and health and protective services. Comprehensive, age-appropriate sex education and knowledge of their HIV status enhance their ability to protect themselves and take charge of their health and well-being.

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[33] Yanchun Zhang, Nina Thelen and Aparna Rao, "Social Protection in Fiscal Stimulus Packages: Some Evidence", working paper, UNDP/Office of Development Studies, 2010.

[34] See E/2005/27 and Corr.1; Committee on the Rights of the Child, general comment No. 12 (2009), on the right of the child to be heard.

## B. Support social change and transform power relations

66. Where inequalities and discrimination against girls are entrenched, social change and transformation of power relations are essential to achieving gender equality and the empowerment of girls and women. A better understanding of the role of social norms and the ways they affect the decision-making processes of individuals, families and communities to inform policies and strategies and to scale up interventions is a vital complement to higher-level initiatives such as legislative reform. Without addressing the root causes of gender inequality and the exclusion of girls, it is not possible to meet collective obligations to protect and fulfil the rights of girls. Governments, communities and households are accountable for shaping positive environments that do not tolerate discrimination or violence against girls.

## C. Keep girls in school

67. Investing in the education of girls empowers them and helps accelerate the fight against poverty, inequity and gender discrimination. Special efforts are needed to identify and reach out to girls who are the hardest to reach and most excluded, including girls from: the poorest households; rural, slum and remote areas; socially excluded groups, including children with disabilities; and indigenous and disadvantaged minority populations.

68. Gains made in primary education during the last decades must be consolidated, while accelerating progress by expanding pre-primary education programmes, to ensure that girls start and stay in primary school, and through targeted interventions aimed at getting out-of-school children, the majority of whom are girls, back in school. Since gender disparities are the greatest at the secondary education level, the transition of girls from primary to secondary education should be facilitated and increased and access to secondary education expanded, with particular attention to reducing dropout rates among girls. Multiple pathways of education, both formal and informal, should be promoted to ensure that girls successfully complete their basic education and make the school-to-work transition. Furthermore, multisectoral strategies covering education as well as health and nutrition, social protection, infrastructure and the labour market should be employed to ensure gender equality in education.

## D. Address the rights of adolescent girls

69. Girls face increased discrimination in adolescence. While gender discrimination is a factor even before birth and gender stereotypes are typically introduced early in the life of the child, when girls reach adolescence, they often face new restrictions and limitations. Much too often, they find themselves prematurely in adult roles of wife, mother, worker or caretaker, losing the special provisions and protections of childhood. Educated, healthy and skilled adolescent girls can help advance social justice, support economic development and contribute to eradicating poverty. It is important to invest in the rights and protection of adolescent girls and to ensure they are no longer neglected in development policies and programmes.

## E. Strengthen data collection and analysis

70. There is a need for better sex- and age-disaggregated data to provide a better understanding of the situation of girls. It is also necessary to go beyond disaggregating data by sex and to analyse data that reveal the multiple forms of exclusion that girls face, including discrimination because of disabilities, living in the poorest communities or belonging to indigenous or minority groups. This should include the collection and analysis of both quantitative and qualitative data and information.

## F. Promote inclusive policies and programmes

71. Programmes should also take a holistic approach to addressing the full range of discrimination girls may face in order to protect their rights effectively. Part of respecting girls as human beings with rights involves recognizing the realities of their lives and the diversity of their circumstances. This includes ensuring a gender-focused response to the recovery process in relation to the global economic crisis. National commitments that support and protect girls' rights through adequate and sustained investments in health care and nutrition, clean water, basic education, child and social protection services and participation mechanisms must be upheld and, where possible, expanded. Responses, including in the form of special measures focused on the most marginalized and vulnerable, should be introduced to ensure the enjoyment and protection of the rights of children, including girls and other disadvantaged and vulnerable groups in society.

## G. Expand and improve services for girls

72. Health, nutrition and other services should be expanded and improved so as to address the needs and rights of girls. For example, comprehensive services should be provided for adolescent girls and young women living with HIV. Male and female health and nutrition service providers should receive training to use gender-responsive approaches. Multisectoral referral and response systems should be established providing links to childcare, livelihood, microfinance, vocational education and employment programmes. Inequalities in access to health care should be addressed through efforts to reach girls with disabilities by promoting inclusive health services, including age-appropriate sexual and reproductive health services, so that all girls can realize their right to health. Dedicated outreach programmes are needed to reach the youngest first-time mothers to enable them to better access life-saving maternal health services. Efforts should also be made to ensure access to safe water close to the home in order to reduce the workloads of girls, so that they can stay in school, care for their health, play and undertake other activities on an equal basis with boys. Such services should be carefully designed, wherever necessary, to address the particular vulnerabilities and needs of girls. This is of particular importance in humanitarian situations, where the needs of girls, including adolescent and marginalized girls, are in danger of remaining neglected or overlooked when using a "one size fits all" model.

73. Dedicated resources should be earmarked for programming specific to girls, whenever required. The identification and response to the rights and needs of girls should be ensured across the scope of humanitarian action, including in the context

of disaster risk reduction, as well as in relation to preparedness, response and recovery from humanitarian crises. To be effective, this work should be carried out within a broader gender equality framework that analyses the needs and capacities of girls alongside that of boys, women and men and that mobilizes not just women and girls, but also men and boys around the common goal of a more just and equitable society.

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**Promotion and protection of the rights of children: follow-up to the outcome of the special session on children**

# Follow-up to the special session of the General Assembly on children

## Report of the Secretary-General

*Summary*

The present report is issued in response to General Assembly resolutions 58/157 and 58/282, in which Member States requested the Secretary-General to continue to report to the General Assembly on the progress made in implementing the commitments made at the special session of the General Assembly on children, as contained in the outcome document of that special session, entitled "A world fit for children" (S-27/2). The report provides an overview of the progress and challenges in that regard, and the actions needed to achieve further progress, particularly the need to reach the most vulnerable and disadvantaged children in each context.

In the report, it is noted that failure to achieve the commitments will significantly undermine efforts towards realizing the aspirations of the United Nations Millennium Declaration and the Millennium Development Goals by 2015 and beyond.

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# I. Introduction

1. During the past decade, the United Nations Millennium Declaration and the Millennium Development Goals have led to unprecedented commitments and partnerships for goal-driven progress towards fulfilling the rights of children, reaffirmed in successive summits and meetings. A commemorative high-level plenary meeting on the commitments of "A world fit for children" (S-27/2) was held in 2007 to review the outcome and progress made in implementing the Declaration and the Plan of Action. In General Assembly resolution 65/1, entitled "Keeping the promise: united to achieve the Millennium Development Goals", Member States further committed to accelerating progress towards achieving the Millennium Development Goals.

2. The present report follows previous reports[1] and assesses the progress made in achieving the goals set out in "A world fit for children", many of which correspond to key targets for children as envisaged in the United Nations Millennium Declaration and the Millennium Development Goals.

3. Compared with 2000, when the Millennium Declaration was adopted, 2.1 million fewer children are dying every year from preventable causes before reaching their fifth birthday; the number of primary school age children out of school dropped by 39 million from 1999 to 2008. Yet each year there are 8.1 million deaths in children under 5 years of age and over 350,000 maternal deaths; close to 67 million children are still out of school; and in developing countries 195 million children under 5 years of age are suffering from stunting, jeopardizing the achievement of the Millennium Development Goals. Millions of children continue to experience the searing impacts of conflict, such as the loss of parents or sudden, forced relocation. It is estimated that more than 1,000 babies continue to be born with HIV every day and nearly 5 million young people aged 15-24 are living with HIV. More than 200 million children under the age of 5 do not have a birth certificate.

4. The global economic downturn in 2008-2009 and price volatility in food and energy commodities exposed the interdependence of countries in the global economy and the need to strengthen the use of development policy both at the national and global levels to safeguard the status of children, especially in the poorest families. Capacity weaknesses, financial volatility and increased indebtedness have proved to be destabilizing for the sustained achievement of the Millennium Development Goals in many developing countries and have often been associated with widening disparities between and within societies.

5. Declining social investments, combined with long-standing challenges such as the social exclusion of indigenous and disadvantaged minority groups, children with disabilities and girls, as well as the effects of migration, rapid urban expansion and climate instability, are making the implementation of "A world fit for children" more challenging.

[1] Annual reviews of progress have been submitted to the General Assembly, beginning with the fifty-eighth session (A/58/333, A/59/274, A/60/207, A/61/270, A/62/259, A/63/308, A/64/285 and A/65/226).

# II. Follow-up to the special session of the General Assembly on children

## A. Planning for children

6. In 2010, major thematic studies or analyses on the rights of children and women were carried out in at least 81 countries. Six more countries joined the Global Initiative on Child Poverty and Disparities, led by the United Nations Children's Fund (UNICEF), raising the number of participating countries to 52. Situation analyses increasingly focused on identifying the most vulnerable and disadvantaged children and women in order to promote equity-focused strategies that could better support them. Findings are used to advance policies to protect and promote the rights of children.

7. In 2011, UNICEF published a report entitled *The State of the World's Children: Adolescence — An Age of Opportunity*, in which it highlighted the importance of investing in adolescents in order to break cycles of poverty and inequity. Facing an increasingly uncertain world where climate change, urbanization, economic recession and rising unemployment pose unprecedented challenges, the report emphasizes the need to provide adequate support to adolescents so that they reach their full potential.

8. Support for protecting the most vulnerable in each country context was seen as an urgent priority. A continued focus on boosting employment growth, maintaining basic services and strengthening social protection measures are recognized as crucial for solidifying and broadening economic recovery and well-being for all.

## B. Promoting the implementation of the Convention on the Rights of the Child

9. In May 2010, the Secretary-General, the Special Representative of the Secretary-General on Violence against Children, the Special Representative of the Secretary-General for Children and Armed Conflict, UNICEF, the Office of the United Nations High Commissioner for Human Rights and partners launched a global campaign to promote the universal ratification and implementation of the Optional Protocols to the Convention on the Rights of the Child by 2012. The campaign aims at raising awareness of the importance of mechanisms for protection against violence, including adherence to international standards and their effective enforcement. Since the launch of the campaign, eight more countries have ratified/acceded to the Optional Protocol on the sale of children, child prostitution and child pornography, and one country has signed it, bringing the total number of States parties to 145 and signatories to 118. In 2010, seven additional countries ratified the Optional Protocol on the involvement of children in armed conflict.[2]

10. The first regional training of trainers using the "Training manual to fight trafficking in children for labour, sexual and other forms of exploitation" was

[2] See United Nations, *Treaty Series*, vol. 2171, No. 27531. The Optional Protocols were adopted by the General Assembly in its resolution 54/263, annex I (on the involvement of children in armed conflict) and annex II (on the sale of children, child prostitution and child pornography).

piloted in 2010 with the support of UNICEF and the International Labour Organization (ILO).

11. Increased international attention to sexual violence was achieved through support to the Human Rights Council general day of discussion and its resolution (13/20) on sexual violence against children. As a follow-up to that thematic debate, a joint report (A/HRC/16/56) by the Special Representative of the Secretary-General on Violence against Children and the Special Rapporteur on the sale of children, child prostitution and child pornography to the Human Rights Council called for the establishment in every country of accessible, safe and child-sensitive counselling and complaint and reporting mechanisms for children to report incidents of violence. Technical knowledge on social norms and addressing harmful traditional practices was shared with the Committee on the Rights of the Child and the Committee on the Elimination of Discrimination against Women to help to ensure that the knowledge is reflected in a future joint general comment of the Committees on harmful practices.

12. Partnerships continued to be strengthened. In 2010, the scope of the "Together for Girls" initiative, an innovative multi-country partnership established in 2009 to end sexual violence against girls in Africa and East Asia, was broadened to focus on data collection and coordinated programme response and advocacy around the prevention of violence against children, particularly sexual violence. Those efforts galvanized action at the local level, while stimulating the interest and support of global partners. A workbook for corporations on child rights and child-focused impact assessments was completed, and a consultation was held with stakeholders. The United Nations Adolescent Girls Task Force advocates for and promotes comprehensive policies and programmes for adolescent girls, especially the most marginalized. In addition, UNICEF continued to foster the relationship with the Hague Conference on International Private Law on four of its conventions on children. Technical inputs were provided to the Hague Global Child Labour Conference, and follow-up and support were provided to countries for implementation of the recommendations contained in the Road Map for Achieving the Elimination of the Worst Forms of Child Labour by 2016.

13. For children in the poorest countries and most disadvantaged population groups, expanding coverage of essential services will be critical to fulfilling their rights. "Going to scale" involves a complex range of actions, including expanding the delivery of tried-and-tested interventions and overcoming behavioural, institutional and environmental impediments to service delivery. That, in turn, requires a good understanding of the bottlenecks to delivering essential services for children and the barriers faced by families in accessing them. Initiatives will require greater coherence and harmonization.

## C. Collaboration and leveraging resources for children

14. In 2010, increased collaboration with donors led to greater coordination of leveraging resources for children in emergencies. New donors provided humanitarian funding in order to improve capacity for humanitarian response. New mechanisms incorporated into funding agreements, such as multi-year and country cycle-specific thematic agreements, provided increased flexibility and funding predictability for programmes.

15. According to the 2010 report of the United Nations Millennium Development Goals Gap Task Force, aid from members of the Development Assistance Committee reached almost $120 billion in 2009, increasing by less than 1 per cent, in real terms. However, the share of official development assistance in the gross national income of donors was only 0.31 per cent, well below the target of 0.7 per cent, which has been reached and exceeded by only five donor countries. Remittances have become a growing source of income in many developing countries, reaching a high of an estimated $336 billion in 2008. In the current crisis, remittances have proved to be more resilient than private capital flows. Partnerships involving foundations, non-governmental organizations and global programmes expanded further in 2010, providing opportunities to leverage additional funding for children worldwide. Among the major contributors were Rotary International, the Bill and Melinda Gates Foundation and the Global Fund to Fight AIDS, Tuberculosis and Malaria.

16. With the financial downturn, global discussions are increasingly focused on key investment sectors such as infrastructure and agriculture. While overall levels appear not to have declined, resources for investments in children are still highly inadequate in most countries. The consequences could have harmful implications for future funding of basic social services, which are critical to the well-being of children.

## D. Monitoring progress

17. Global databases on children and women were updated throughout 2010. Data from national household surveys and other sources were analysed and disaggregated by sex, wealth and location in order to provide a stronger understanding of inequalities. The United Nations directed significant efforts towards harmonizing work on data among partners, including through common recognition of new methodologies, standardization of indicators and monitoring tools, building national statistical capacity and developing joint estimates.

18. Nearly 200 multiple indicator cluster surveys have been conducted globally in the first three rounds (1995, 2000, 2005-2006). The fourth round is being carried out during 2009-2011, with a wider range of indicators. The results of the surveys started to be produced in 2010.

19. The common United Nations Development Group database software, DevInfo, has been adopted worldwide as a tool to organize, display and analyse standardized human development data. By 2010, DevInfo had over 120 adaptations available. More than 1,000 professionals from many programme countries have been trained to support the effort of establishing national repositories of data on human development, including a wide range of child-related indicators.

20. In 2010, a UNICEF study entitled "Narrowing the gaps to meet the Goals" provided compelling evidence for an equity-based strategy that, compared with the traditional path, could move the global community more quickly and cost-effectively towards meeting Goals 4 and 5 of the Millennium Development Goals. That strategy, according to the study, has the potential to help to avert millions of maternal and child deaths by the 2015 deadline.

### E. Participation and self-expression of children

21. There has been an increase in children's participation in contributing to the fulfilment of the rights of the child and meeting the Millennium Development Goals. A few countries have established a standing committee of parliamentarians on the rights of the child to have regular face-to-face continuous dialogue with girls and boys. Many countries reported on children's media initiatives and the use of information technology to further the participation of children. There has also been an increase in the number of surveys and polls taken of young people to further the understanding of their perspectives and opinions regarding the societies in which they live. Special efforts are being made to strengthen the participation of children who are often marginalized, such as adolescent girls, children with disabilities and indigenous children.

22. The International Year of Youth has seen the growing participation of young people and adolescents in addressing the many issues affecting the governance of nations. A number of capacity-building tools were finalized to help States to strengthen children's participation, such as the Handbook on General Comment No. 12, concerning the Convention on the Rights of the Child, produced by UNICEF and Save the Children for government officials. UNICEF and the Inter-Parliamentary Union also completed a handbook for parliamentarians on child participation, with the objective of promoting the interests and perspectives of children in parliamentary processes.

23. The participation of children in key global forums that affect the lives and well-being of children and adolescents has continued to increase. They include the Global Migration Group, the United Nations Permanent Forum on Indigenous Issues, and the preparation of the reports of the Secretary-General on the girl child and on youth. UNICEF and the Alliance of Youth community-based organizations, with support from the Food and Agriculture Organization of the United Nations, produced "Climate Change: Take Action Now!", a guide to supporting the local actions of children and young people, with special emphasis on girls and adolescents.

## III. Progress in the four major goal areas

### A. Promoting healthy lives

24. Since 1990, the under-5 mortality rate for developing countries has declined from 99 deaths per 1,000 live births to 66 deaths per 1,000 live births in 2009. An estimated 12.4 million children born alive died before their fifth birthday in 1990, but by 2009 that had been reduced to 8.1 million, the lowest number on record. That represents an annual rate of decline of 2.1 per cent, which must now accelerate to at least 11.6 per cent each year to achieve the target of reducing the rate by two thirds by 2015. The mortality rate of children under age 5 is, on average, more than twice as high for the poorest 20 per cent of households in developing countries as for the richest 20 per cent. Similarly, children in rural areas are significantly more likely to die before their fifth birthday than those in urban areas.

25. Nearly 1.5 million children under age 5 die from pneumonia each year, accounting for nearly one in five child deaths globally. Diarrhoea remains the

second leading cause of death among children under five, followed by measles. Globally, 82 per cent of children under age 1 were immunized against measles in 2009. Similarly, estimates for the global immunization coverage of three doses of vaccine against diphtheria, pertussis and tetanus stood at 82 per cent in 2009, up from 74 per cent in 2000. From 2000 to 2008, the combination of improved immunization coverage and the opportunity for a second dose contributed to a 78 per cent drop in deaths caused by measles globally. However, progress in reducing neonatal mortality continues to be slower.

26. Owing to increased funding for and policy attention to malaria control, from 2008 to 2010 alone, 290 million insecticide-treated nets were distributed in sub-Saharan Africa, enough to cover almost 80 per cent of the reported need.

27. Since the Global Polio Eradication Initiative began in 1988, 2.5 billion children have been immunized, but polio is not yet eradicated and transmission continues in four endemic countries (Afghanistan, India, Nigeria and Pakistan). Conflict and related security concerns, combined with poor coverage of services and natural disasters, have constrained progress in parts of Afghanistan and Pakistan.

28. Globally, one third of deaths among children under age 5 are associated with undernutrition. Although the percentage of children who are underweight in developing countries declined from 31 per cent around 1990 to 26 per cent around 2008, many countries are still making insufficient or no progress. From 1995 to 2009, no meaningful improvement was seen in Southern Asia among children in the poorest households, while underweight prevalence among children from the richest 20 per cent of households decreased by almost one third. In developing countries, 40 per cent of young children in the poorest wealth quintile are underweight, compared with 15 per cent in the richest. In the developing world, children in rural areas are twice as likely to be underweight as those in urban areas and are 50 per cent more likely to be stunted. As of early 2011, only 58 of 118 countries with data available were on track to meet the target of reducing the number of underweight children by 50 per cent.

29. Vitamin A supplementation coverage continued to be high among children in the least developed countries, with 87 per cent of children fully covered with two doses in 2009, including 81 per cent in sub-Saharan Africa and 76 per cent in Asia. The coverage has more than doubled in the least developed countries, rising from 41 per cent in 2000 to 88 per cent in 2008.

30. There has also been progress in eliminating iodine deficiency disorders. Some 37 countries have reached the target of at least 90 per cent of households using adequately iodized salt, an increase from 21 countries in 2002, when the universal salt iodization goal was endorsed at the special session of the General Assembly on children. According to recent data, some 72 per cent of households in developing countries have been consuming adequately iodized salt, including about 73 per cent of households in Asia and 61 per cent in sub-Saharan Africa.

31. Progress in infant and young child feeding has been modest. In the developing world, the rate of exclusive breastfeeding has increased only slightly, from 33 per cent in 1995 to 38 per cent around 2008. However, some 19 countries, through a combination of sound policies, legislative enforcement and community-based support, have shown significant increases of at least 20 percentage points in the past 5 to 10 years.

32. In 2010, the Secretary-General's High-level Task Force on the Global Food Security Crisis placed greater emphasis on improving nutrition and helped to promote dialogue and maintain global strategic partnerships and initiatives. Significant efforts were made to improve the nutrition of children and women in developing countries, including through the development of a road map to implement the recommendations contained in the "Scaling Up Nutrition" framework, with more than 100 agencies participating.

33. Globally, the annual decline in the maternal mortality ratio from 1990 to 2008 was estimated at only 2.3 per cent, compared with the 5.5 per cent annual decline needed from 1990 to reach the 2015 target. An estimated 358,000 maternal deaths occurred in 2008, a decline of 34 per cent against the target of a 75 per cent decline from 1990 levels. From 1990 to 2008, 147 countries achieved a decline in the maternal mortality ratio, 90 of which showed a decline of 40 per cent or more. Despite that progress, developing countries continued to account for 99 per cent of all maternal deaths; sub-Saharan Africa and South Asia accounted for 87 per cent. Complications related to pregnancy and childbirth are among the leading causes of death worldwide for adolescent girls aged 15-19.

34. Maternal health is another area where there is a conspicuous gap between the rich and poor. While almost all births are attended by skilled health personnel in developed countries, in the least developed countries, the figure for women in urban areas is only 41 per cent. The ratio of richest to poorest quintiles is 3 to 1. Disparities in access to care during pregnancy are also striking within developing countries, with women in urban areas 1.3 times as likely as rural women to obtain antenatal care coverage at least once before giving birth. The ability of women to choose when and how many children they will have significantly affects maternal morbidity and mortality. By 2008, more than half of all women aged 15-49 who were married or in union were using some form of contraception. However, progress slowed from 2000 to 2008. Women in sub-Saharan Africa continue to have the lowest level of contraceptive prevalence (22 per cent), with little progress reported since 2000. Worldwide, more than 120 million women aged 15-49 who are married or in union have an unmet need for family planning.

35. Today, 87 per cent of the world's population, a total of 5.9 billion people worldwide, use drinking water from improved sources, an increase of 1.8 billion people since 1990. However, 884 million people, almost all of them in developing regions, still do not get their drinking water from such sources. Sub-Saharan Africa accounts for over a third of that number and is lagging behind in progress towards the target in Goal 7 of the Millennium Development Goals. Huge disparities remain between regions, countries and rural and urban areas. In sub-Saharan Africa, an urban-dweller is 1.8 times more likely to use an improved drinking water source than a rural-dweller. While 94 per cent of the urban population of developing regions uses improved sources, the figure for rural populations is only 76 per cent. However, in urban areas, the increase in coverage is barely keeping pace with population growth. Since 1990, the world's urban population has risen by 1.09 billion, while the urban population without improved drinking water sources has increased from 102 million to 140 million.

36. Over 2.6 billion people still lack access to flush toilets or other forms of improved sanitation. Although approximately 1.3 billion people gained access to improved sanitation from 1990 to 2008, the world will miss the sanitation target by

13 percentage points. Unless great efforts are made, the target for lowering the proportion of people without access to basic sanitation will not be met.

37. In 2010, the launch of Sanitation and Water for All, a global partnership of developing countries, donors, multilateral agencies, civil society and others working together to achieve universal and sustainable access, helped to scale-up water, sanitation and hygiene programmes. The immediate focus has been to accelerate progress towards meeting targets in those countries that are most off track and in the most deprived communities. In 2010, 49 countries received sanitation support, with the goal of eliminating open defecation through demand-led, participatory community approaches to total sanitation. In addition, the number of countries with an intensive communication programme to change national behaviours, promoting hand-washing with soap, rose from 53 in 2008 to 87 in 2010.

38. The 2010 World Conference on Early Childhood Care and Education called for stronger commitments in that area, with a focus on equity and inclusion, and for the extension of quality care for young children by strengthening the capacities of parents, families and service providers. A revised Care for Child Development training package was developed jointly by UNICEF and the World Health Organization and launched at the 2010 International Paediatric Association Congress, held in Johannesburg, South Africa.

39. In order to accelerate progress in women's and children's health, the Secretary-General spearheaded a global effort to bring together all key stakeholders from Government, civil society and the corporate sector to develop a plan to promote the achievement of Goals 4 and 5 of the Millennium Development Goals. The resulting Global Strategy for Women's and Children's Health outlines the key areas where action is urgently required to enhance financing, strengthen policy and improve service delivery. All concerned parties are called upon to coordinate action to maximize the impact of tried-and-tested interventions for the most deprived populations.

40. In 2010, nearly 300 humanitarian situations occurred in close to 100 countries, affecting millions of children. The earthquake emergency in Haiti and monsoon floods in Pakistan had a daunting impact on communities and children, affecting more than 3 million people in Haiti and nearly 20 million in Pakistan. In addition, there were earthquakes in Chile, China and Indonesia; drought and worsening malnutrition in the Niger and the Sahel region; protracted crises in Afghanistan, the Democratic Republic of the Congo, Somalia and the Sudan; and new conflicts elsewhere.

## B. Providing quality education

41. Considerable progress has been made towards achieving Goal 2 of the Millennium Development Goals in terms of increased enrolments, narrowed gender gaps and extended opportunities for children in disadvantaged groups. However, an estimated 67 million children of primary school age were still out of school in 2008, despite a reduction in the numbers of such children by 39 million since 1999. Projections based on the recent rates of progress in school enrolments suggest that at least 72 million children of primary school age are still unlikely to be in school in 2015. In addition, 74 million children of lower-secondary school age are still out of school.

42. Though enrolment in primary education has continued to rise, reaching 89 per cent in the developing world, there was little improvement in the net enrolment rate between 1999 and 2008 in several countries. In at least 20 countries, the net enrolment rate even fell. Worldwide, among children of primary school age not enrolled in school, 42 per cent, or 28 million children, live in poor countries affected by conflict. Even in middle-income countries, there are often large numbers of children from marginalized groups not attending primary school. Based on an analysis of data from 42 countries in the developing world, girls in the poorest 20 per cent of households are 3.5 times more likely to be out of school than girls in the richest households, and 4 times more likely to be out of school than boys in the richest households. A global initiative on out-of-school children was launched at the beginning of 2010 with the aim of introducing a more systematic approach to the challenge of including out-of-school children. Measures to address cost barriers to access and retention, such as school fee abolition and equity-focused social protection measures and school feeding programmes, are now being expanded in many countries. In 2010, 44 per cent of 146 reporting countries had developed policies, accompanied by concrete mechanisms and adequate budgets, to address costs and other barriers to primary education.

43. In 2010 there was an increase in the number of reporting countries with national policies on school readiness. Sixty-five of the 146 reporting countries had such policies in place compared with 50 in 2008. Also in 2010, policy development was undertaken and gender-focused interventions were scaled up in basic education in 44 countries, including through partnerships of the United Nations Girls' Education Initiative. A key achievement at the global level was the adoption of the Dakar Declaration on Accelerating Girls' Education and Gender Equality.

44. Barriers to the retention of girls and their transition to secondary school were addressed in 2010 through various approaches, including remedial classes, grants, scholarship programmes for girls and gender-sensitized teacher training and classroom materials. In poor communities, learning and teaching materials were distributed that are based on active learning, focused on equity and incorporating new curricula. In order to enrol and retain disadvantaged children, Governments in many countries implemented accelerated age-appropriate learning initiatives. Environmental and climate change education was incorporated into primary school curricula in 47 countries and into secondary school curricula in 51 countries.

45. The Education For All Fast Track Initiative, launched in 2002 to help low-income countries achieve free, universal basic education and ensure accelerated progress towards Goal 2 of the Millennium Development Goals, has been successful in leveraging funds for country education sector plans and the development of plans, including in several fragile States.

46. Recent evidence, however, shows that the quality of education is lagging behind the improvement in school enrolment ratios. In response, 79 countries had adopted quality standards for primary education based on child-friendly schools or similar models by 2010, compared with 43 in 2005. Establishing a protective learning environment for children, especially for girls, is now included as an integral part of quality education. Programmes for safe spaces, the prevention of violence and sexual abuse of children, psychosocial services and community-based interventions have taken root in a number of countries. Efforts have also continued to introduce a ban on all forms of violence within the school system. By 2010,

79 countries had developed national policies to end the practice of corporal punishment; 50 countries had created national education sector plans that address issues of children affected by HIV and AIDS; and 88 countries had implemented activities about water, sanitation and hygiene education in schools, benefiting 4.2 million children in more than 20,000 schools. In April 2010, a multi-partner call for action for such activities was launched, to intensify focus on the issue.

47. The International Task Force on "Teachers for Education for All", coordinated by the United Nations Educational, Scientific and Cultural Organization with the involvement of 64 countries and 24 international governmental and non-governmental organizations, has emphasized action on a number of important issues relating to teachers and the achievement of the Education for All goals and Millennium Development Goals on primary education.

48. A review of the constraints to the implementation of education programmes highlighted the following: limited capacity of partners and Government counterparts; poor coordination among Government departments and between the national and subnational levels; unstable political situations; lack of flexibility in funding; and weak systems of monitoring and evaluation. Strategic focus on promoting equitable and inclusive results within education sector plans, on maintaining attention to both out-of-school children and children at risk of dropping out and not learning, and on strengthening national monitoring and evaluation systems, is needed to accelerate the achievement of Goal 2 of the Millennium Development Goals.

49. In 2010, education was a key component of the humanitarian response. In Haiti, UNICEF and partners led the education response, which reached some 583 schools, or well over 1 million children and 50,000 teachers. In Pakistan, more than 400,000 children and 500 schools received support in 2010. Back-to-school campaigns were also a feature in Iraq, Yemen and other countries affected by natural disasters or conflict. In 2010, the global education cluster mechanism of the Inter-Agency Standing Committee was strengthened through the establishment of 35 country-level clusters. While humanitarian responses have contributed to faster recovery, a further challenge lies in consolidating responses in order to contribute to longer-term rebuilding and reform of education systems.

## C. Protecting against abuse, exploitation and violence

50. Children across all wealth quintiles, in development and emergency contexts, and in low-income, middle-income and industrialized countries, are vulnerable to various forms of violence, abuse and exploitation in a range of settings, including schools, welfare and justice institutions, the home, the workplace and the community. Robust data on child protection are gradually becoming more available, including on the situation of children and the characteristics of those most at risk.

51. Nearly half of children under age 5 in developing countries are not registered and are therefore beyond the reach of the protection and basic services to which they have a right, such as health care, social welfare and education. Children from the wealthiest households are two to three times more likely to have their births registered than those from the poorest. A relationship also exists between wealth quintile and child marriage: across many developing countries, girls from the

poorest households are 3 times more likely than those from the richest to be married before the age of 18.

52. While poverty is a predictor of vulnerability to some child protection violations, many other factors are at play, linked to discrimination and deeply entrenched social norms, attitudes and behaviours. Some forms of violence cut across all wealth quintiles and geographic regions. Across all regions, many children experience psychological violence and physical punishment regardless of their economic status. Female genital mutilation and cutting rates vary more by ethnicity than by any other sociodemographic variables. Across 29 countries in Africa and one country in the Middle East, more than 70 million girls and women (aged 15-49 years) have undergone the practice.

53. Although precise data on some protection issues are difficult to collect, the available estimates raise concern: between 500 million and 1.5 billion children experience violence annually, often perpetrated by those they should be able to trust. According to the ILO estimates, approximately 215 million children under age 18 worldwide are engaged in child labour, for which boys are more likely to be engaged in economic activity and girls are disproportionately engaged in household chores. At least 2 million children are also thought to be living in institutions, and children are forcibly recruited by armed groups or forces in at least 25 countries.

54. The strengthening of child protection systems continued to be a major focus, with mapping and assessments producing important lessons to ensure that child protection issues are holistically addressed. Advances were also made in addressing social norms that underlie violence, exploitation and abuse, including through declarations to abandon female genital mutilation and cutting. While the application of social-change approaches to broader forms of violence remains a challenge, the knowledge base was strengthened in that area in 2010 and is informing practical application in a number of countries. An estimated 131 programme countries are engaged in strengthening social welfare and justice systems and at least 15 countries initiated a comprehensive exercise to map child protection systems. Law reform for children's protection from violence is gaining momentum worldwide. Currently, 29 countries have introduced a comprehensive legal ban prohibiting all forms of violence in all settings, including corporal punishment in the home. Across regions, significant legislative reforms are under way to achieve full prohibition, and in a large number of nations, new legislation has been adopted to prohibit specific forms of violence, including trafficking, sexual abuse and exploitation, domestic violence and female genital mutilation and cutting.

55. A collective starting point for understanding child protection systems was articulated in the 2010 paper entitled "Adapting a systems approach to child protection: key concepts and considerations", endorsed by UNICEF, the United Nations High Commissioner for Refugees, Save the Children, and Chapin Hall at the University of Chicago. The paper details the functions of a child protection system and provides the basis for mapping and assessment tools, some of which were piloted and rolled out in early 2010 in sub-Saharan Africa and other regions.

56. Mapping and assessment exercises are essential to systems-strengthening work. They support the utilization of all available resources, promote the connections between all system components and identify methods by which vulnerable people can access and benefit from a system. By including relevant actors within formal and less formal structures, the mapping process builds a

political consensus around the goals of the child protection system and the actions needed.

57. There has been a growing trend in aligning national policies with international standards for alternative care, including those recommended by the 2009 Guidelines for the Alternative Care of Children, with 58 countries having adopted national policies consistent with international standards in 2010, compared with 36 in 2005. Countries submitting their reports to the Committee on the Rights of the Child are being urged, in its concluding observations, to consider the Guidelines when developing their child protection services. Globally, a framework for measuring and monitoring armed violence was developed and includes child-specific indicators. To address global challenges in monitoring and evaluation in the sector, an inter-organizational child protection monitoring and evaluation reference group was set up, which aims to improve data collection methodologies and coordination.

58. In countries with low levels of birth registration, studies and mapping exercises provided a basis for national action plans and policies. Strengthening human resource capacity and collaboration with health services to improve protection-related service delivery is another core component of work in child protection systems and was a focus in 2010 in various countries. Innovations, such as Short Message Service technology for birth registration, were employed to strengthen institutional capacities to deliver protection services for children.

59. In 2010, UNICEF and other partners worked with legislators and policymakers from at least 99 countries to improve legal and policy frameworks around child protection. Efforts were also scaled up towards influencing national agendas on the use of diversion from judicial proceedings and alternative measures to detention, helping to advance recognition that they are both essential to ensuring the protection of the rights of children in conflict with the law and are in conformity with the Convention on the Rights of the Child. Furthermore, in 2010, some 24 programme countries used child-friendly and gender-appropriate investigation and court procedures, compared with 17 in 2008.

60. The social norms perspective was further operationalized through the United Nations Population Fund-UNICEF Joint Programme, which intensified its efforts in 15 countries in 2010 to support acceleration of the abandonment of female genital mutilation and cutting. Visible results included more widespread public abandonment of that practice by entire communities, increasingly at the subdistrict or district level. Under the Together for Girls initiative, global and country cooperation is being strengthened to reduce violence against children. Development of a national strategy to end child marriage is expected to start in India in 2011, based on State-level action plans and the findings from formative research on social norms that was completed in 2010.

61. The organization of the general day of discussion and adoption in March 2010 by the Human Rights Council of a resolution on sexual violence against children (see para. 11, above), and the joint report of the Special Representative of the Secretary-General on Violence against Children and the Special Rapporteur on the sale of children, child prostitution and child pornography presented key guiding principles and recommendations to inform the work of countries on combating sexual violence and the exploitation of children.

62. As a result of the Global Child Labour Conference, held at The Hague in 2010, an agreed Road Map for Achieving the Elimination of the Worst Forms of Child Labour by 2016 will be used to track progress through 2016. In addition, at the ninety-ninth session of the International Labour Conference, member States of the ILO agreed to develop a convention and recommendation on domestic labour.

63. In the response to large-scale natural disasters, the inter-agency guidance and tools developed for conflict but adapted for disaster have been found to be inadequate. Efforts to address those gaps were initiated in 2010, and include the development of inter-agency standards on "child-friendly spaces", the development of rapid response teams for child protection in emergencies with standby partners, and inter-agency emergency preparedness training. Building on capacity development efforts in 2009, countries were supported to address gender-based violence. That will be a central area of focus for the United Nations Entity for Gender Equality and the Empowerment of Women (UN-Women), with other partners.

64. In line with the responsibilities mandated by the Security Council in resolution 1612 (2005), implementation of the monitoring and reporting mechanism on grave violations against children was supported in situations of armed conflict in 13 countries. A monitoring and reporting mechanism based on Security Council resolution 1888 (2009) is being developed. This will include a set of indicators to gauge the response of the United Nations to sexual violence and to provide guidance on how monitoring and reporting systems can be put in place at the country, regional and global levels. Efforts will also need to be intensified to collect and analyse data on protection and other challenges facing the most marginalized children and groups.

65. In 2010, reintegration support was provided to 28,000 children affected by armed conflict and 11,400 boys and girls associated with armed forces and armed groups in 15 conflict-affected countries. Eleven more countries endorsed the Paris Commitments to protect children from unlawful recruitment or use by armed forces or armed groups, raising the total to 95.

66. The work of the child protection sub-cluster strengthened the recognition of child protection activities in broader emergency and humanitarian responses, including issues on gender-based violence and mental health and psychosocial support. Nineteen countries received technical support in child protection in emergencies. Of particular interest is the programme convergence that was developed in the Haiti emergency response on issues of child protection, water and sanitation, nutrition and health through multisectoral assessments of children in institutions as well as in child-friendly spaces for displaced children and unaccompanied/separated children. This resulted in a more comprehensive understanding of the needs of children in institutions and child-friendly spaces in Haiti.

67. As part of a multi-year partnership to strengthen the capacity of religious communities, particularly interreligious mechanisms, to protect children affected by conflict, UNICEF and Religions for Peace published the guide entitled "From commitment to action: what religious communities can do to eliminate violence against children", in keeping with the recommendations contained in the report of the independent expert for the United Nations study on violence against children (A/61/299).

68. Experience supports the continued focus on strengthening child protection systems and addressing social norms in all contexts, including in conflicts and natural disasters. Awareness and knowledge exchange among partners need to be further strengthened on strategic approaches to addressing the needs of the most vulnerable children. While progress has been made in monitoring and evaluation, and data on child protection have expanded, challenges still remain. Current household surveys do not capture the situation of children living outside of households, including children in institutions, in detention centres, in the worst forms of child labour, or living on the street. More comprehensive knowledge on the most vulnerable and marginalized, including children without family care, is vital for ensuring that interventions have a positive impact and are in children's best interests.

## D. Combating HIV/AIDS

69. In 2009, an estimated 33.3 million people were living with HIV, an increase of 27 per cent from 1999. It is estimated that 5 million young people (aged 15-24) were living with HIV in 2009, accounting for 41 per cent of new HIV infections in people aged 15 and older in the same year. Sub-Saharan Africa remains the most severely affected region, accounting for 68 per cent of all people living with HIV and 72 per cent of AIDS deaths. An estimated 890,000 young people aged 15-24 were newly infected with HIV in 2009 — nearly 2,500 every day — with 75 per cent of the new infections occurring in sub-Saharan Africa. The epidemic particularly affects women and girls. Globally, 60 per cent of young people living with HIV are young women; in sub-Saharan Africa, that figure jumps to 72 per cent. Adolescent girls and young women in sub-Saharan Africa are several times more likely to be living with HIV than males of the same age. With the number of people receiving antiretroviral treatment increasing 13-fold from 2004 to 2009, the number of AIDS-related deaths declined by 19 per cent during the same period. Still, the epidemic continues to exact severe consequences. From 2005 to 2009, the number of children orphaned by AIDS increased from 14.6 million to 16.6 million.

70. Routine, voluntary HIV testing and counselling of all pregnant women is the key entry point for services in the prevention of mother-to-child transmission of HIV. The proportion of pregnant women tested for HIV in low- and middle-income countries increased from 7 per cent in 2005 to 26 per cent in 2009. By the end of 2009, 27 out of all low- and middle-income countries had already reached the target set by the General Assembly at its twenty-seventh special session (see resolution S-27/2), that 80 per cent of all pregnant women should have access to HIV testing and counselling by 2010. In low- and middle-income countries in 2009, 53 per cent of pregnant women living with HIV received antiretroviral treatment to prevent mother-to-child transmission of HIV, compared with 45 per cent in 2008. In sub-Saharan Africa, that proportion increased from 45 per cent in 2008 to 53 per cent in 2009. About one third of infants born to mothers who are HIV positive receive such treatment for the prevention of mother-to-child transmission; coverage has increased only slightly in low- and middle-income countries, from 32 per cent in 2008 to 35 per cent in 2009. Reaching the goal of eliminating mother-to-child transmission of HIV requires a more substantial effort towards universal testing and at least 95 per cent coverage for antiretroviral treatment.

71. Globally, treatment coverage is notably lower for children (28 per cent) than for adults (37 per cent). In accordance with new guidelines, in 2010, many more children with HIV, including all those under age 2, became eligible to initiate antiretroviral treatment. However, new data reveal that this potential remains largely unrealized. In 2009, there were 2.5 million children under age 15 living with HIV. Although the number of children in low- and middle-income countries receiving antiretroviral treatment increased from an estimated 275,300 in 2008 to 356,400 in 2009, that figure is still only 28 per cent of the 1.27 million children currently estimated to be in need under the new guidelines. However, the true gap between adults and children is far greater, as about 50 per cent of children infected with HIV who receive no treatment die before their second birthday. An array of cost-effective antiretroviral formulations for children is now available, and improved technology permits rapid HIV diagnosis.

72. In 2001, 5.7 million young people aged 15-24 were estimated to be living with HIV. At the end of 2009, that number had dropped to 5.0 million. Further, an estimated 890,000 new infections occurred among young people aged 15-24 in 2009. The significant decline in HIV prevalence among young people is linked to clear trends towards safer behaviours and practices, including delayed age of first sex, reduction in the number of partners, and increased condom use. In 2010, the United Nations Joint Programme on HIV/AIDS reported a decline in prevalence among young people of more than 25 per cent in 22 key countries in sub-Saharan Africa between 2001 and 2008. In most parts of the world, new HIV infections are steadily falling or stabilizing. An estimated 80 per cent of all infections in young people globally are in 20 countries spanning several regions of the world and representing a diversity of epidemic settings. Young women still shoulder the greater burden of infection, and in many countries women face their greatest risk of infection before age 25. Data on comprehensive knowledge of HIV among young people still show levels well below the target of 95 per cent by 2010, set by the General Assembly at its twenty-seventh special session and highlight variations between regions and countries. Since 2000, condom use increased by 10 or more percentage points among young men in 11 of 17 countries with trend data and among young women in 11 of 22 countries with trend data. To reduce HIV infections in young people, greater efforts are needed to increase the comprehensive knowledge of HIV among young people in and out of school, the numbers of young people reporting condom use during sexual intercourse and the HIV testing and counselling services available to young people.

73. Most countries in sub-Saharan Africa have made significant progress towards parity in school attendance for orphans and non-orphans aged 10-14. In 27 out of 31 countries in sub-Saharan Africa that have reported data for at least two points in time, school attendance among children who have lost one or both parents has increased. Despite those impressive gains, concerns remain about the low coverage of external care and support for households caring for orphans and vulnerable children. In 25 countries where household surveys were conducted between 2005 and 2009, a median of 11 per cent of households were receiving external support. Despite the large number of children in need, the responses for orphans and vulnerable children remain small and fragmented, and fail to connect to broader prevention and treatment efforts for children affected by AIDS. Until now, orphans have been considered a convenient proxy for children affected by AIDS, yet orphanhood is not necessarily a marker of the most vulnerable children, including

those living outside of households. There is growing interest in developing more multidimensional indicators of vulnerability that describe not only the extent to which children are affected by AIDS, but also broader poverty-related vulnerability.

74. Children who have lost parents to AIDS will need continued attention long after rates of new infection subside. Care and support for orphans and children made vulnerable by HIV should be seen as part of a cycle of intervention giving paramount priority to linkages between care and support and primary prevention and access to treatment for young people living with HIV. Investment in social protection measures and child protection for orphans and children made vulnerable by HIV is crucial for ensuring more equitable outcomes. Not only can such programmes reduce the economic vulnerability of children who have lost parents or who are living with sick relatives, but they can also be protective and reduce vulnerability to HIV infection, as demonstrated by evidence related to keeping adolescent girls in school. Well-designed cash transfers offer incentives for adherence to treatment and for the elimination of mother-to-child transmission of HIV. That is one of many AIDS-specific interventions with broad potential for improving the health and welfare of families caring for children, whatever the cause of the vulnerability.

## IV. Ways forward

75. Although considerable progress has been seen in several key child-related indicators during the nearly 10 years since the convening of the special session of the General Assembly on children, disparities within many countries and among regions are in many cases worsening or staying at the same levels. An equity-focused approach, with efforts concentrating on the most vulnerable and disadvantaged children and families, is potentially the most cost-effective and quickest way to achieve the Millennium Development Goals. The approach will also help to sustain progress and to assure the children of poor and disadvantaged communities of a future that is consistent with global commitments made to all children in the Declaration and Plan of Action that emerged from the special session. The commitments were reaffirmed at the commemorative high-level plenary meeting of the General Assembly devoted to the follow-up to the outcome of the special session on children, held in December 2007. Equity-focused strategies will improve the provision and use of social services and reduce barriers that result from factors such as geographical location, income poverty, lack of information and social discrimination.

76. The 2010 High-level Plenary Meeting of the General Assembly on the Millennium Development Goals and resolution 65/1, entitled "Keeping the promise: united to achieve the Millennium Development Goals", provided new impetus to meet the aspirations of children and families worldwide. Further initiatives at the country, regional and global levels, including through an appropriate commemorative high-level plenary meeting of the General Assembly in 2012, may be considered by Member States as a mechanism with which to review progress, especially for children who are most disadvantaged, and to further galvanize action to make the world fit for children by 2015.